TR	ANSMITTAL FORM all correspondence effer initial filing) Pages in This Submission 15	us a required to respond to a Application Number Application Number Fing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	Patent and Tollection of int 09/670,15 09/24/200 Benetti 3733 Philogene GUID-008	3 Pedro	
		CLOSURES (Check a	II that apply)	
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE k Reduction Act of 1995 no persons are required to respond to e collection of informetion unless it displays a valid OMB control number Complete if Known ent to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/670,152 FEE TRANSMITTAL Filing Date 09/24/2003 For FY 2006 First Named Inventor Benetti Examiner Name Philogene, Pedro Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3733 TOTAL AMOUNT OF PAYMENT (\$) 300.00 GUID-008CON2 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card Money Order None Other (please identify): Denosit Account Deposit Account Number. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Pald (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (S) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 Plant 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 360 180 Multiple dependent claims Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

26 - 26 or HP = x ___50_ Fee (\$) 2___ HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 4 200 = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

Other (e.g., late filing surcharge):

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x

4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		
Signature / Special	Registration No. (Attorney/Agent) 34,977	Telephone (408) 736-3554
Name (Print/Type) Alan W. Cannon		Date (2/29/106

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patent and Tademark, Office, U.S. Dependment of Commence, P.O. Box 1459, Askandine, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT UNDER

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GUID-008CON2

Confirmation No. 2852 37 C.F.R. §1.116 First Named Inventor Benetti Application Number 10/670,152 Filing Date 09/24/2003 Address to: Group Art Unit 3733 Mail Stop AF Examiner Name Philogene, Pedro Commissioner for Patents Title Xyphoid Access for Surgical P.O. Box 1450 Procedures Alexandria, VA 22313-1450

Sir:

This amendment is responsive to the Final Office Action dated March 30, 2006 for which a three-month period for response was given making this response due on or before June 30, 2006. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested. Applicants submit that the amendments set forth below raise no new issues. Rather, the amendments place the claims in form for allowance or in better form for appeal. Entry of these amendments is thus respectfully requested.

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